

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 09/26/2014
NAME OF PROVIDER OR SUPPLIER Hawthorne Inn Lakeland	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 Lakeland Highlands Road Lakeland, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

0078-Staffing Standards - Staff Standards

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on 09/26/2014.

The Hawthorne Inn of Lakeland, assisted living facility, had a deficiency at the time of the visit.

0078-Staffing Standards- Staff 58A-5.019(2) FAC

Based upon record review & staff interview 1 (A) of 3 personnel records reviewed did not contain evidence of Level II background screening.

Findings include:

A review of the personnel record for staff A who is a resident assistant, hired 08/26/2014 revealed there was only Level I background screening on file dated 08/26/2014. During interview on 09/26/2014 at 11am with the regional director she stated that a list was developed of staff needing to be updated & this staff is scheduled for fingerprinting.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Hawthorne Inn Lakeland
6150 Lakeland Highlands Road
Lakeland, FL 33813

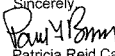
Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit that was conducted on . 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727)552-2000.

Sincerely

Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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